



Continuation Guidance – Budget Year Four

Attachment A

Focus Area A: Preparedness Planning and Readiness Assessment

I. STRATEGIC DIRECTION, COORDINATION, AND ASSESSMENT

CRITICAL CAPACITY #1: To establish a process for strategic leadership, direction, coordination, and assessment of activities to ensure state and local readiness, interagency collaboration, and preparedness for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

RECIPIENT ACTIVITIES:

1. Continue to support a Senior Public Health Official within the state/local health department to serve as Executive Director of the Public Health Preparedness and Response Program.
2. Establish or enhance a coordinated and integrated process for setting goals and objectives, implementing work plans with timelines, monitoring progress, and allocating resources as it relates to this entire cooperative agreement program. (LINK WITH HRSA PRIORITY AREA 1)
3. **CRITICAL BENCHMARK #1:** Develop and maintain a financial accounting system capable of tracking expenditures by focus area, critical capacity, and funds provided to local health agencies.
4. (HRSA/CDC Cross-Cutting Activity) Maintain and extend as appropriate a database displaying activities funded jointly by the CDC and HRSA cooperative agreements, and as applicable, other sources, in a form that can be included readily in progress reports or provided in response to special requests from the project officer. See Attachment X for additional details.
5. (Smallpox) Appoint or continue to support a coordinator for the National Smallpox Vaccination Program.
6. (HRSA/CDC Cross-Cutting Activity) Establish an Advisory Committee to assist the senior State health official in overseeing both the CDC and HRSA cooperative agreements. See Attachment X for additional details. (LINK WITH HRSA PRIORITY AREA 1.)

CRITICAL CAPACITY #2: To conduct integrated assessments of public health system



capacities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies to aid and improve planning, coordination, and implementation.

RECIPIENT ACTIVITIES:

1. Conduct a comprehensive analysis of all information and data obtained during the assessments of emergency preparedness and response capabilities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. If previous assessments have not included state and local capabilities in mental health preparedness and response, they should be performed during the upcoming budget period. Document the findings and corrective actions taken and establish timelines, goals and objectives for achieving and refining the critical capacity requirements.
2. Conduct a comprehensive analysis of all information and data obtained during the assessments of statutes, regulations, and ordinances within the state and local public health jurisdictions that provide for credentialing, licensure, and delegation of authority for executing emergency public health measures, as well as special provisions for the liability of healthcare personnel in coordination with adjacent states. Additionally, there should be mention of workers' compensation issues and the health issues of workers and their families who may be involved in emergency response. Establish timelines, goals and objectives for achieving and refining the critical capacity requirements.
3. (Smallpox) Conduct an assessment of statutes, regulations, and ordinances within the state and local public health jurisdictions that include special provisions for liability protection and compensation for adverse events post-vaccination of healthcare personnel who participate in the National Smallpox Vaccination Program.

ENHANCED CAPACITY #1: To ensure public health emergency preparedness and response through the development of necessary public health infrastructure.

RECIPIENT ACTIVITIES:

1. Conduct a state-wide assessment of state, local and governance capacity of the public health system using the [National Public Health Performance Standards](#) assessment instruments developed collaboratively by CDC, ASTHO, NACCHO, NALBOH and other national public health partners. Use the results of these assessments to guide the development of an overall public health infrastructure improvement plan.
2. Create a joint state-local public health infrastructure improvement plan including timelines, goals and objectives for achieving and refining the critical capacity requirements. The process for plan development should be guided by the principles of state-local collaboration developed by [ASTHO](#) and [NACCHO](#). Documentation of adherence to these principles should be provided as evidence of the collaborative process.



3. Conduct comprehensive system and community health improvement planning using a model such as Mobilizing for Action through Planning and Partnerships (MAPP) (see <http://www.naccho.org/>).

ENHANCED CAPACITY #2: To recruit, retain, and fully develop public health leaders and managers with current knowledge and expertise in advanced management and leadership principles who will play critical roles in responding to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

RECIPIENT ACTIVITIES:

1. Develop or support formal state and local public health leadership and management development. Coordinate with established state/regional public health leadership institutes covering the geographic area.
2. Develop specialized state and local public health leadership and management training in advanced concepts of incident command and bioterrorism communication.

II. PREPAREDNESS AND RESPONSE PLANNING

CRITICAL CAPACITY #3: To respond to emergencies caused by bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies through the development, exercise, and evaluation of a comprehensive public health emergency preparedness and response plan.

RECIPIENT ACTIVITIES:

1. **CRITICAL BENCHMARK #2:** Develop or enhance scalable *plans* that support local, statewide, and regional response to incidents of bioterrorism, catastrophic infectious disease, such as pandemic influenza, other infectious disease outbreaks, and other public health threats and emergencies. Plans must include detailed preparations to rapidly administer vaccines and other pharmaceuticals, and to perform healthcare facility based triage and provide short-term acute psychosocial interventions as well as longer-term services to large populations. This should include the development of emergency mutual aid agreements and/or compacts, and inclusion of hospitals.
2. Demonstrate how preparedness and response planning is coordinated within existing emergency management infrastructure that is facilitated and supported by all appropriate federal response plans. See Attachment X for additional details.
3. **CRITICAL BENCHMARK #3:** Maintain a system for 24/7 notification or activation of the public health emergency response system.



4. **CRITICAL BENCHMARK #4:** Exercise all plans on an annual basis to demonstrate proficiency in responding to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.
5. Work with state and local emergency management agencies, environmental agencies, worker health and safety agencies, and others to conduct assessments to identify vulnerabilities in terms of human health outcomes related to a variety of biological, chemical, and mass casualty terrorist scenarios. Establish timelines, goals and objectives for conducting vulnerability assessments.
6. Work with hospitals, the medical community, and others to plan coordinated delivery of critical health and mental health services and effective medical management emergencies. Establish timelines, goals and objectives for achieving and refining the critical capacity requirements. (LINK WITH HRSA PRIORITY AREA 2.)
7. **CRITICAL BENCHMARK #5:** (HRSA/CDC Cross-Cutting Activity) Review and comment on documents regarding the National Incident Management System (NIMS), develop and maintain a description of the roles and responsibilities of public health departments, hospitals, and other health care entities in the Statewide incident management system and, where applicable, in regional incident management systems.

ENHANCED CAPACITY #3: To ensure that public health systems have optimal capacities to respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

RECIPIENT ACTIVITIES:

1. Update and refine state, city, and regional response plans based upon deficiencies noted from exercises or actual events. Establish timelines, goals and objectives for achieving and refining the enhanced capacity requirements.
2. Conduct vulnerability assessments and predictions of human health effects resulting from releases of chemical or etiologic material. Establish timelines, goals and objectives for achieving and refining the enhanced capacity requirements.
3. Update and refine assessments of and response to epidemiologic, laboratory, and environmental health needs resulting from scenario and vulnerability assessments.
4. Develop and expand the capacity to conduct environmental sampling and health follow-up of victims following terrorist attacks.
5. Develop and expand the capacity to communicate immediately and reliably with the public, healthcare providers, the response community, the media, and elected officials.



6. Develop and expand capacities to respond to injuries (including psychological) resulting from terrorist events, including the capacity to develop and standardize instruments used in conducting needs assessments of the healthcare system capacity to provide optimal trauma care, and the capacity to conduct injury surveillance in an acute event, and to survey ongoing victim needs.
7. Develop and expand the capacity to address worker health and safety issues related to bioterrorism, with a primary focus on protection of emergency response workers, remediation workers, workers responsible for restoring essential public services, and other exposed occupational groups such as postal workers and healthcare workers.

III. STRATEGIC NATIONAL STOCKPILE (formerly the National Pharmaceutical Stockpile)

CRITICAL CAPACITY #4: To effectively manage the CDC Strategic National Stockpile (SNS), should it be deployed—translating SNS plans into firm preparations, periodic testing of SNS preparedness, and periodic training for entities and individuals that are part of SNS preparedness.

NOTE: IN ACCORD WITH THE HOMELAND SECURITY ACT OF 2002, ON MARCH 1, 2003, THE DEPARTMENT OF HOMELAND SECURITY BECAME RESPONSIBLE FOR THE FISCAL YEAR 2002 FUNDS APPROPRIATED ORIGINALLY TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THIS PURPOSE. ACTIVITIES UNDER CRITICAL CAPACITY #4 THEREFORE NO LONGER ARE ELIGIBLE FOR FY2003 SUPPORT BY CDC OR OTHER COMPONENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. HOWEVER, ANY FUNDS CARRIED OVER FROM PREVIOUS FISCAL YEARS UNDER THIS CDC COOPERATIVE AGREEMENT MAY BE APPLIED TO CRITICAL CAPACITY #4. THE DEPARTMENT OF HOMELAND SECURITY IS FORMULATING ITS PLANS FOR FUNDING THIS ACTIVITY. AS SOON AS THIS INFORMATION IS AVAILABLE, CDC WILL PROVIDE AN ADDENDUM TO THIS GUIDANCE REGARDING FUNDING FOR CRITICAL CAPACITY #4.

RECIPIENT ACTIVITIES:

1. **CRITICAL BENCHMARK #6:** Develop or maintain, as appropriate, an SNS preparedness program within the recipient organization's overall terrorism preparedness component, including full-time personnel, that is dedicated to effective management and use of the SNS statewide. This SNS preparedness program should give priority to providing appropriate funding, human and other resources, and technical support to local and regional governments expected to respond should the SNS deploy there.



2. Provide funding, human and other resources, and technical support to help local and regional governments develop a similar SNS preparedness program dedicated to effective management and use of the SNS.
3. Prepare and implement a project area strategy to ensure the SNS preparedness functions described in Version #9 of the *guide for Planning the Receipt and Distribution of the CDC National Pharmaceutical Stockpile*, April 2002, will be mobilized to respond to an SNS deployment anywhere in the project area and that defines the roles of local and regional governments in leading and staffing various of those functions.
4. Collaborate with local and regional governments leading and staffing various SNS preparedness functions to carry out coordinated orientation and training for the members of those function teams, and to carry out periodic readiness exercises for those teams, individually, as groups of interdependent functions, and as a complete SNS preparedness organization.
5. Collaborate with the recipient organization carrying out Focus Area F to prepare public communication campaigns that, in a bioterrorism event, would (1) inform the public of where to obtain prophylaxis; (b) encourage adherence to oral prophylaxis regimens; (c) advise on various antibiotics to be prescribed; (d) explain the threat agent and its transmissibility; and (e) address local issues, e.g., urging undocumented populations to seek prophylaxis. **(LINK WITH FOCUS AREA F)**
6. Develop and maintain communications between SNS preparedness program and recipient organizations carrying the other focus areas funded under this cooperative agreement, allowing for collaboration as appropriate.
7. (Smallpox) Describe the procedure that will be used to monitor, store, and manage large quantities of smallpox vaccine within smallpox response resources (hospitals, healthcare facilities, public health clinics).